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rabid treatment" and, in diseases of the eye, of suppurative conjunctivitis in addition to ophthalmia neonatorum and trachoma.

The requirement that cases of dog bite be reported is an illustration of notification resulting in benefit to the patient as well as affording information which enables measures to be taken for the protection of the community. The State department of health administers antirabic treatment free of cost to persons bitten by rabid animals or by animals suspected of having rabies.

The State has properly assumed the responsibility for the prevention of rabies and the administration of antirabic treatment. The community, and not the person bitten, is responsible for the presence of rabid animals. It is reasonable, therefore, that the community assume the burden of treating those injured by its neglect.

The new diseases and conditions which were added to those previously notifiable are:

Dog bite (requiring antirabic treatment).	Malaria.
Dysentery:	Mumps.
(a) Amebic.	Pellagra.
(b) Bacillary.	Plague.
German measles.	Rabies.
Hookworm disease.	Septic sore throat.
Suppurative conjunctivitis.	

SALE AND USE OF COCAINE AND NARCOTICS.

By MARTIN I. WILBERT, Technical Assistant, Division of Pharmacology, Hygienic Laboratory, United States Public Health Service.

Two of the three Harrison antinarcotic bills introduced in Congress some time since in compliance with the requirements agreed to at the several sessions of the International Opium Conference were enacted into law in January of this year. The third bill, which in effect provides for the interstate traffic in coca and opium, their alkaloids and derivatives, was adopted by the House and later by the Senate. The final bill, with amendments, was referred to a conference committee, but was not reported out in time to be acted on by the House, though the conference report was approved in the Senate before the adjournment of the second session of the Sixty-third Congress.

Practically every State in this country has at the present time a reasonably efficient antinarcotic law, which, if it were not virtually inoperative, because of the continued, apparently uncontrollable importation of such drugs from without the State, might serve to effectually restrict the sale and use of narcotics of all kinds.

Even in States in which passive efforts are made to enforce the existing laws, so far as traffic within the State may be concerned,

little or no success is met with in corresponding attempts to restrict or to control the sending of materials into the State by dealers in other sections of the country.

These conditions exist in many States and communities in which an effort is being made to enforce antinarcotic legislation. Even in the State of New York it has been found that the recently enacted Boylan law, which is generally considered to be a model measure of the kind, because of its applying both to druggists and physicians, can not be made effective so long as narcotic drugs can be shipped into the State with impunity from without.

It has been asserted on good authority that drug addicts in New York City itself are being supplied with narcotics through the mails or by express from other States or that they can secure practically unlimited supplies of the material by crossing to New Jersey, where the law against the sale of such drugs is less drastic. Dealers generally are agreed that in order to stamp out the narcotic evil Federal legislation requiring a complete record of all sales made by manufacturers, wholesalers, and retailers is imperatively necessary and that without such legislation the present day efforts to reduce the traffic in narcotic drugs must prove abortive.

The Harrison antinarcotic act (H. R. 6282) if enacted into law would serve to furnish the necessary information to make State and other local laws operative and should at all events serve to place all branches of the drug trade on record by restricting the sale of narcotic drugs to evidently legitimate channels.

It should be understood of course that the Harrison bill as now before Congress is not in any way designed to be a regulatory measure but is intended primarily as a revenue measure which can accomplish good only by providing an available list of all persons who produce, import, manufacture, or deal in opium or coca leaves or any alkaloid or derivative thereof, and by necessitating a more or less complete and accurate record of the origin as well as the destination of the material handled by any one registered dealer. This information alone should and no doubt will suffice to make local regulatory measures operative, and will, it is hoped, eliminate the frequently commented on, deplorable conditions now existing in the drug business due to the fact that individual druggists are willing to bring their calling into disrepute by selling cocaine, morphine, and other drugs of this type in quantity to illegitimate dealers or to habitual users.

While it is generally admitted that no one person can estimate the harm that has come to humanity through the abuse of habit-forming drugs there is at least some truth in the frequently made statement that the evils due to the improper use of narcotic drugs

have been much exaggerated and that the number of addicts is not nearly so large as some persons would have us believe.

The antinarcotic law recently enacted in the State of Tennessee offers to furnish accurate data on which to base a reliable estimate of the number of drug addicts in the country. The commissioner of that State in a recent communication reports that the books of his department show that during the first six months of the operation of the law no less than 1,403 permits were issued to individuals allowing them to purchase narcotic drugs. Of these 1,403 addicts, 1,226 are users of morphine, 97 users of laudanum, 71 of gum opium, 8 of heroin, and 1 of codeine. The average dose of the morphine addict is about $8\frac{1}{2}$ grains a day.

The appended table showing the quantity of the several drugs entered for consumption during the years 1909 to 1913, inclusive, indicates in a way the limitations placed on the use of these drugs. For five years at least the importation of the several drugs has been reasonably constant and it is fair to assume that practically all of the drugs of this type used in this country are imported through legitimate channels and are properly recorded.

Narcotic drugs.—The quantities of the several drugs entered for consumption in the United States during the years 1910–1913.

	1910	1911	1912	1913
Coca leaves.....pounds..	708,546.00	1,226,771.50	1,179,540.00	1,175,780.00
Cocaine and salts of.....ounces..	54,560.00	4,031.00	2,004.00	3,715.00
Opium, crude.....pounds..	411,444.27	502,407.03	384,911.61	441,276.64
Powdered.....do.....		67,062.99	77,551.10	49,070.56
Prepared for smoking.....do.....	27,934.86			
Morphine or morphine sulphate.....ounces..	13,082.00	20,345.00	13,825.00	24,797.00
All other alkaloids of opium.....do.....	22,970.50	480.25	634.00	9,672.00

Narcotic drugs.—Approximate number of average doses of habit-forming drugs imported into the United States during the fiscal years 1911, 1912, 1913.

	1911	1912	1913
Coca leaves.....	305,000,000	294,000,000	293,000,000
Cocaine.....	35,000,000	17,000,000	31,000,000
Total.....	340,000,000	311,000,000	324,000,000
Opium.....	2,500,000,000	1,740,000,000	2,205,000,000
Opium, powdered.....	500,000,000	540,000,000	245,000,000
Morphine.....	40,000,000	27,500,000	49,500,000
Other alkaloids.....	900,000	1,200,000	19,300,000
Total.....	3,040,900,000	2,308,700,000	2,518,800,000

On the basis of the second table, giving the approximate number of average doses of habit-forming drugs imported into the United States during the fiscal years 1911 to 1912, it would appear that basing an estimate on the average consumption of the drug habitué

in Tennessee, each addict would consume approximately 1,000 doses each month, or 12,000 doses a year.

The State of Tennessee contains approximately 2 per cent of the total population of the United States, and on the supposition that the same ratio of the number of addicts and the amount of material consumed will hold good throughout the United States we would have a total of something more than 70,000 drug habitués, consuming approximately 850,000,000 average doses per year. This quantity is probably somewhat low, but it is fair to assume that not more than double this amount or approximately 1,700,000,000 average doses are consumed annually by drug habitués. The frequently quoted estimate that between 1 and 2 per cent of the population of the United States is addicted to the habitual use of narcotic drugs is undoubtedly too high, because of the limitations fixed by the available material. The figures at best, however, show the existence of all-too-many habitual users of narcotic drugs and suggest that anything that can be done to effectually reduce their number will be well worth while.

MENTAL DEFICIENCY.

SOME OF ITS PUBLIC-HEALTH ASPECTS, WITH SPECIAL REFERENCE TO DIAGNOSIS.¹

By E. H. MULLAN, Passed Assistant Surgeon, United States Public Health Service.

The medical profession has been compelled, more especially during the past quarter of a century, to acquaint itself with the medical specialties. The medical schools have gradually added, during their third and fourth year courses, special subjects which must be pursued by the candidate for the degree of doctor of medicine. The science of medicine and surgery has naturally divided itself into subdivisions, and certain essentials in each subdivision or specialty are being taught and examined in at our colleges. These same essentials thereupon become the groundwork for the physician's activity in the field of practice.

The public has, again, demanded that the physician shall extend his field of activity—that he shall become acquainted with the essentials of mental deficiency.

It is safe to say that no State legislature, city council, or legislative body of any kind, will pass laws or ordinances concerning the segregation, commitment, schooling, or marriage of the feeble-minded without the advice and guidance of the medical profession.

Many physicians acting in the capacity of school examiners, no matter how they may dislike the task, will be compelled to give their opinion as to whether certain pupils are mentally defective. The

¹ Read before the Vermont State Medical Society, Rutland, Vt., Oct. 9, 1914.